

CORNORS CASE MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6703 63-026493

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318
1003
FILED JUL 5 1963

VS 300
Rev. 4/59

1

3

4

5

6

7

8

9

10

11

12

13

91

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis Children's Hospital

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Florissant Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) 575 Versailles Dr. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last

Sharon Lee Wagner

4. DATE OF DEATH

Month Day Year 6-24-63

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-12-60 2 yrs. 8

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

St. Louis Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Robert Edwin Wagner

13b. MOTHER'S MAIDEN NAME

Wanda Schaefer

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

NO.

17. INFORMANT

E. Worthington Address 500 S. Kingshighway St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Intraabdominal Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Traumatic Laceration of Liver (History of

DUE TO (c)

Bird Bath Falling on Child).

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

3 p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from D.O.A. to D.O.A. and last saw her alive on D.O.A.

Death occurred at D.O.A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edward T. Basher, M.D.

22b. ADDRESS

500 S. Kingshighway

22c. DATE SIGNED

6/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

6-28-1963

23c. NAME OF CEMETERY OR CREMATORY

BELLEFONTAINE CEM.

23d. LOCATION (City, town or county)

ST. LOUIS, MO

24. FUNERAL DIRECTOR

ADDRESS

FLORISSANT

25. DATE RECD. BY LOCAL REG.

JUN 26 1963

26. REGISTRAR'S SIGNATURE

Ed Smith, M.D.

THE FLORISSANT MORTUARY, MO

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Geno A. Hutchins

Licensed Embalmer No. 4966

P. O. Address Florisant, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.